

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/508499</b>	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2	1						52		
3	21						53		
4	18						54		
5	5						55		
6	14						56		
7	5						57		
8	14						58		
9	5						59		
10	5						60		
11	4						61		
12	1						62		
13	1						63		
14	21						64		
15	14						65		
16	5						66		
17	14						67		
18	5						68		
19	14						69		
20	5						70		
21	14						71		
22	5						72		
23	14						73		
24	5						74		
25	14						75		
26	5						76		
27	14						77		
28	5						78		
29	14						79		
30	5						80		
31	14						81		
32	5						82		
33	14						83		
34	4						84		
35	1						85		
36	1						86		
37	1						87		
38	4						88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	29	↓	↓	↓			TOTAL DEP.	↓	↓
TOTAL CLAIMS	33						TOTAL CLAIMS		

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